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CONFIRMATION NO. 8894

SERIAL NUMBER 10/712,746	FILING DATE 11/12/2003  RULE	CLASS 330	GROUP ART UNIT 2817	ATTORNEY DOCKET NO. TI-32806								
APPLICANTS  Lars Risbo, Copenhagen, DENMARK;  Anker Josefsen, Lyngby, DENMARK;  ** CONTINUING DATA ***** <i>None Nhw</i>  ** FOREIGN APPLICATIONS ***** <i>None Nhw</i>												
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/09/2004												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">           Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after            met            Verified and Acknowledged <i>Allowance</i>            Examiner's Signature <i>Nhw</i> Initials         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           STATE OR            COUNTRY            DENMARK         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           SHEETS            DRAWING            15         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           TOTAL            CLAIMS            15         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           INDEPENDENT            CLAIMS            6         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature <i>Nhw</i> Initials	STATE OR COUNTRY DENMARK	SHEETS DRAWING 15	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 6			
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ADDRESS 023494 TEXAS INSTRUMENTS INCORPORATED P O BOX 655474, M/S 3999 DALLAS , TX 75265												
TITLE Switching circuits												
FILING FEE  RECEIVED 1158	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;">           FEES: Authority has been given in Paper            No. _____ to charge/credit DEPOSIT ACCOUNT            No. _____ for following:         </td> <td style="width: 40%; border-bottom: 1px solid black;"> <input type="checkbox"/> All Fees         </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> 1.16 Fees ( Filing )         </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )         </td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"> <input type="checkbox"/> 1.18 Fees ( Issue )         </td> </tr> </table>				FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees		<input type="checkbox"/> 1.16 Fees ( Filing )		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )		<input type="checkbox"/> 1.18 Fees ( Issue )
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